

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	Modafinil Compositions
Attorney Docket Number::	CP404A
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity::	No
Petition Included::	No
Secrecy Order in Parent Appl.::	No

### **Applicant Information**

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Magali Bourghol
Family Name::	Hickey
Name Suffix::	

City of Residence:: Medford  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: 342 Malden Street

City of Mailing Address:: Medford  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 02155

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Matthew  
Family Name:: Peterson  
Name Suffix::

City of Residence:: Hopkinton  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: 25 Downey Street

City of Mailing Address:: Hopkinton  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 01748

Applicant Authority type:: Inventor  
Primary Citizenship Country:: Iceland  
Status:: Full Capacity  
Given Name:: Orn  
Family Name:: Almarsson

Name Suffix::	
City of Residence::	Shrewsbury
State or Province of Residence::	MA
Country of Residence::	US
Street of Mailing Address::	22 Farmington Drive
City of Mailing Address::	Shrewsbury
State or Province of Mailing Address::	MA
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	01545
Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Mark
Family Name::	Oliveira
Name Suffix::	
City of Residence::	Framingham
State or Province of Residence::	MA
Country of Residence::	US
Street of Mailing Address::	69 Nicholas Road, Apt. J.
City of Mailing Address::	Framingham
State or Province of Mailing Address::	MA
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	01704
<b>Correspondence Information</b>	
Correspondence Customer Number::	27573
Phone Number::	610-738-6465
Fax Number::	610-738-6590

E-Mail address::

intprop@cephalon.com

### **Representative Information**

Representative Customer Number::

27573

### **Domestic Priority Information**

Application:	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2005/02782	02/01/05
	Application claiming benefit under 35 USC 119(e)	60/542752	02/06/04
	Application claiming benefit under 35 USC 119(e)	60/560411	04/06/04
	Application claiming benefit under 35 USC 119(e)	60/573412	05/21/04
	Application claiming benefit under 35 USC 119(e)	60/579176	06/12/04
	Application claiming benefit under 35 USC 119(e)	60/581992	06/22/04
	Application claiming benefit under 35 USC 119(e)	60/586752	07/09/04
	Application claiming benefit under 35 USC 119(e)	60/588236	07/15/04
	Application claiming benefit under 35 USC 119(e)	60/631786	11/30/04

### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
PCT	PCT/US2004/029013	09/04/04	Yes

**Assignee Information::**

Assignee Name::	Cephalon, Inc.
Street of Mailing Address::	41 Moores Road
	PO Box 4011
City of Mailing Address::	Frazer
State or Province of Mailing Address::	PA
Country of Mailing Address::	United States of America
Postal or Zip Code of Mailing Address::	19355